**CERTIFICATION OF NEWBORN,**

**ADOPTION OR FOSTER CARE**

**Return to Sedgwick**

**Email: ChevronMail@sedgwick.com | Fax: 855-800-5116 | PO Box 14648, Lexington, KY 40512 | Phone: 1-888-825-5247**

**Employee Name: <Employee Name>**

**Claim Number: <File Number>**

**Instructions for the Employee:**Complete this section and provide supporting documentation for your leave. If we do not receive the information requested, it may result in a denial of your request for leave under the Family and Medical Leave Act (FMLA), state/local and company leaves.

It is your responsibility to ensure that the certification is provided in a timely manner.

**Name of child:**

 First Middle Initial Last

Date child was born or placed in home: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

 Month Day Year

Begin Date of Leave: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ Expected Last Day of Leave: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_
 Month Day Year Month Day Years

A complete and sufficient certification to support a request for FMLA leave due to care for a newborn, newly adopted child, or a child placed in your custody for foster care includes written documentation confirming the child’s coverage under FMLA. Please check one of the following:

\_\_\_\_ A copy of the newborn child’s birth certificate or other proof of birth is attached.

\_\_\_\_ Documentation from a state agency or other legal authority indicating the full name of the adoptee which indicates you are the adoptive parent and the date of placement is attached (include any documentation showing the need for you to attend counseling sessions, appear in court, consult with your attorney or doctor representing the birth parent, submit to a physical examination or travel to another country to complete the adoption).

\_\_\_\_ Documentation from a state agency or other legal authority indicating the full name of the foster child, that you are authorized by the state to provide foster care services and the date of placement is attached (include any documentation showing the need for you to attend counseling sessions, appear in court, consult with your attorney or doctor representing the birth parent, submit to a physical examination or travel to another country to complete the adoption).

I certify that the information I provided above is true and correct.

Signature of Employee Date